## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**Application or Docket Number** 

| CLAIMS AS FILED - PART I (Column 1) (Column 2) |  |  |                                      |                                  |                               |                    |            | SMALL ENTITY TYPE   |                        |          | OTHER THAN<br>OR SMALL ENTITY                    |                        |
|--|--|--|--------------------------------------|----------------------------------|-------------------------------|--------------------|------------|---------------------|------------------------|----------|--|------------------------|
| TC   | OTAL CLAIMS                                    | ,  | 12                                   | 3-                               |                               |                    | ſ          | RATE                | FEE                    | 7        | RATE   | FEE                    |
| FO   | )R   |  | 1                                    | NUMBER FILED                     |                               | BER EXTRA          |            | BASIC FEE           | <del></del>            | OB       | BASIC FEE  |                        |
| тс   | OTAL CHARGEA                                   | ABLE CLAIMS  | 123 mir                              | nus 20=                          | - 16                          | 13                 |            | X\$ 9=              |                        | OR       | 1  | 1854.00                |
| INC  | DEPENDENT CI                                   | LAIMS  | 15-52                                | inus 3 =                         | *                             | 19                 | , <b> </b> | X40=                | <del> </del>           | 1 1      | Vás  | T                      |
| МU   | JLTIPLE DEPEN                                  | NDENT CLAIM PI   | <u> </u>                             |                                  | <del></del>                   | 7                  | ŀ          |                     | <del> </del>           | OR       | <del>                                     </del> | 1520                   |
| * If   | the difference                                 | e in column 1 is   | loss than Zi                         | oro ente                         | - "O" in (                    | -clumn 2           | l          | +135=               |                        | OR       |  |                        |
| •-   |  |  |                                      |                                  |                               | .Olumn ∠           |            | TOTAL               |                        | OR       |  | 4084-                  |
|  | ·  | (Column 1)   | MENUEL                               | (Colur                           | ımn 2)                        | (Column 3)         |            | SMALLE              |                        | OR       | OTHER<br>SMALL E                                 |                        |
| AMENDMENT A                                    |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                                      | PREVIO<br>PAID                   | MBER<br>OUSLY                 | PRESENT<br>EXTRA   |            | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE   | ADDI-<br>TIONAL<br>FEE |
| ENDA   | Total  | . 42   | Minus                                | ** /                             | 23                            | =                  |            | X\$ 9=              |                        | OR       | X\$18=   |                        |
| AM   | Independent<br>FIRST PRESE                     | ENTATION OF MI   | Minus ULTIPLE DEF                    | PENDENT                          | 23<br>TOLAIM                  |                    |            | X40=                |                        | OR       | X80=   |                        |
|  |  | National Control of the Control of t | Jein 40.                             | LIVE                             | OL,                           |                    |            | +135=               |                        | OR       | +270=  |                        |
|  |  |  |                                      |                                  |                               |                    | <b>-</b>   | TOTAL<br>ADDIT. FEE |                        | OR ,     | TOTAL<br>ADDIT. FEE                              |                        |
|  |  | (Column 1)   |                                      | (Colur                           |                               | (Column 3)         | ٠.         | DDII. I LL L        |                        | ) · ·    | AUUII. FCC                                       |                        |
| AMENDMENT B                                    |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                                      | HIGH<br>NUMI<br>PREVIO<br>PAID   | HEST<br>MBER<br>HOUSLY<br>OFF | PRESENT<br>EXTRA   |            | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE   | ADDI-<br>TIONAL<br>FEE |
| NDN  | Total  | . 39   | Minus                                |                                  | 42                            | =                  |            | X\$ 9=              | <u>,</u>               | OR       | X\$18=   |                        |
| AME  | Independent                                    | * 3  | Minus                                | *** 2                            | 3                             | =                  | 11         | X40=                |                        | OR       | X80=   |                        |
|  | FIRST PRESE                                    | ENTATION OF MU   | JLTIPLE DEF                          | 2ENDEN I                         | CLAIM                         |                    |            | +135=               |                        | OR       | +270=  |                        |
|  |  | ٠  |                                      |                                  |                               | -                  | L          | TOTAL               | i                      |          | TOTAL  |                        |
| _  | <del></del>                                    | (Column 1)   | <u> </u>                             | (Colun                           | mn 2)                         | (Column 3)         | Ai         | DDIT. FEE 🕻         |                        | JU ,     | ADDIT. FEE                                       |                        |
| AMENDMENT C                                    | ·  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                                      | HIGH<br>NUME<br>PREVIO<br>PAID I | HEST<br>MBER<br>OUSLY         | PRESENT<br>EXTRA   |            | RATŒ                | ADDI-<br>TIONAL<br>FEE |          | RATE   | ADDI-<br>TIONAL<br>FEE |
| NON  | Total  | . 39   | Minus                                | ** 4                             | 12                            | =                  |            | X\$ 9=              |                        | OR       | X\$18=   |                        |
| AME  | Independent                                    | NTATION OF M   | Minus                                | ··· C                            | <u></u>                       | =/                 | 1          | X40=                | <del>-</del> 1         | OR       | X80=   |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                      |                                  |                               |                    |            |                     |                        |          |  |                        |
| • 1  | f the entry in colu                            | ımn 1 is less than th  | ne entry in colu                     | ımn 2, write                     | e "0" in col                  | lumn 3.            |            | +135=<br>TOTAL      |                        | OR       | +270=  |                        |
| ••••   | If the "Highest Nur<br>If the "Highest Nur     | umber Previously Pa<br>umber Previously Pa<br>mber Previously Paid   | aid For" IN THIS<br>aid For" IN THIS | IS SPACE is                      | is less than<br>is less than  | in 20, enter /20." | AL         | DDIT. FEE 👢         |                        |          | TOTAL ADDIT. FEE                                 |                        |
|  | =  | -  | •                                    | ···                              | ,,,, . <u>.</u>               | g                  |            | a in the app.       | Ophiaic De             | 111 0013 | A1101 1.   |                        |